



# TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

www.tdlr.texas.gov

## Boiler Equipment Report of Inspection

PURSUANT TO CHAPTER 755, HEALTH AND SAFETY CODE, 16 TX ADMINISTRATIVE CODE, CHAPTER 65, AND OCCUPATIONS CODE CHAPTER 51

|          |  |  |                                   |           |  |  |                                 |  |
|----------|--|--|-----------------------------------|-----------|--|--|---------------------------------|--|
| TX# *    | <input type="checkbox"/> 1ST INSPECTION        | <input checked="" type="checkbox"/> INTERNAL | <input type="checkbox"/> EXTERNAL | STATUS: * | <input checked="" type="checkbox"/> ACTIVE | <input type="checkbox"/> DISCONNECTED IN PLACE | <input type="checkbox"/> EXEMPT | <input type="checkbox"/> NEW                 |
| TX235497 | <input checked="" type="checkbox"/> SUBSEQUENT | <input type="checkbox"/> NON-CERTIFICATE     |                                   |           | <input type="checkbox"/> JUNKED            | <input type="checkbox"/> DISPOSITION UNKNOWN   |                                 | <input checked="" type="checkbox"/> 2ND HAND |

|                  |   |                                |                              |             |                              |  |                  |                              |  |
|------------------|---|--------------------------------|------------------------------|-------------|------------------------------|--|------------------|------------------------------|--|
| IDENTIFIED BY: * | <input checked="" type="checkbox"/> DECAL | <input type="checkbox"/> STAMP | <input type="checkbox"/> TAG | VARIANCE: * | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | TEXAS SPECIAL: * | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|------------------|---|--------------------------------|------------------------------|-------------|------------------------------|--|------------------|------------------------------|--|

|   |               |                 |
|---|---------------|-----------------|
| PHYSICAL ADDRESS<br><small>(if the physical address has changed a first inspection is required)</small> | OWNER ADDRESS | MAILING ADDRESS |
|---|---------------|-----------------|

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| NAME *                                  | NAME                                | NAME                                |
| United Airlines, Inc. (Chelsea Kitchen) | Chelsea Kitchen c/o United Airlines | Chelsea Kitchen c/o United Airlines |

|                |              |              |
|----------------|--------------|--------------|
| (Address 1) *  | (Address 1)  | (Address 1)  |
| 4507 Wright Rd | PO Box 60307 | PO Box 60307 |

|                        |                    |                    |
|------------------------|--------------------|--------------------|
| (City, State, Zip) *   | (City, State, Zip) | (City, State, Zip) |
| Houston, TX 77032-5219 | Houston, TX 77205  | Houston, TX 77205  |

|                 |              |  |
|-----------------|--------------|--|
| LOCATION PHONE: | OWNER PHONE: | CONTACT NAME: Chelsea Kitchen c/o United Airline |
|-----------------|--------------|--|

|                    |   |   |
|--------------------|---|---|
| OBJECT LOCATION: * | BUSINESS EMAIL: <b>DEBLEDWARDS@UNITED.COM</b> | CONTACT PHONE:                                |
| BOILER ROOM        | Nature of Business: <b>Food</b>               | BUSINESS EMAIL: <b>DEBLEDWARDS@UNITED.COM</b> |

|                 |               |               |                |
|-----------------|---------------|---------------|----------------|
| MANUFACTURER *  | NAT'L BOARD # | SERIAL NUMBER | MFGR MODEL #   |
| <b>SUPERIOR</b> | <b>007389</b> | <b>7389</b>   | <b>5-5-304</b> |

| Boiler MAWP * | YEAR BUILT * | INTERVAL * | BLR TYPE * | BLR USE CLASS * | BLR USE *                 | HEATING SURFACE | CAP (GAL) | MIN SRV    | MAX STEAM  | ASME STAMP * |
|---------------|--------------|------------|------------|-----------------|---------------------------|-----------------|-----------|------------|------------|--------------|
| 150           | 1975         | 12         | Fire Tube  | Power Boiler    | Steam Greater than 15 PSI | 304             |           | 2070-LB/HR | 2070-LB/HR | S            |

|                          |              |                                 |  |   |                      |               |
|--------------------------|--------------|---------------------------------|--|---|----------------------|---------------|
| SAFETY RELIEF VALVE DATA |              |                                 | LOW WATER CUTOFF TYPE                    |   | FUEL *               | BTU/HR INPUT  |
| SET PRESSURE HIGHEST *   | TOTAL CAP. * | # OF SAFETIES                   | <input type="checkbox"/> PROBE TYPE      | <input checked="" type="checkbox"/> FLOAT & CHAMBER | Natural Gas/Fuel Oil | BTU/HR OUTPUT |
| 150                      | 10818        | 1                               | <input type="checkbox"/> FLOW SWITCH     | <input type="checkbox"/> OTHER _____                |                      |               |
| LOWEST *                 |              | <input type="checkbox"/> BTU/HR | <input checked="" type="checkbox"/> #/HR | MAWP: 150   |                      |               |

|  |                     |   |
|--|---------------------|---|
| EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | EXPANSION TANK MAWP | EXTERNAL PIPE ASME <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
|--|---------------------|---|

|  |   |
|--|---|
| EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | EXTENSION APPROVAL DATE (IF APPLICABLE) |
|--|---|

Comments: Boiler passes internal certificate inspection with no violations observed. New Safety Relief Valve installed. Light uniform scale, with perhaps some slight pitting. Boiler feed water treatment program reviewed with boiler operator and Maintenance Manager. LWCO bowl and float clean.

| ITEM # - LAW/RULE | VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY) |
|-------------------|--|
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |

I HEREBY CERTIFY THAT THIS IS A TRUE REPORT AS A RESULT OF MY INSPECTION.

*Paul Torrance*  
SIGNATURE OF INSPECTOR

Paul Torrance

1940

TX COMMISSION #

OneCIS Insurance Company

INSPECTION ORG.

Syed Hason - Maintenance Manager

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

11/25/2020

DATE (MM/DD/YY) \*

|   |   |   |
|---|---|---|
| IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? * | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | (IF NO, EXPLAIN FULLY UNDER VIOLATIONS) |
|---|---|---|